

TENNESSEE DEPARTMENT OF EDUCATION - LICENSE APPLICATION

OFFICE OF TEACHER LICENSING 710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY

Last Name	First Name	Middle Name	Maiden Name if applicable		SSN (required)
Email Address	Telephone Number	Date of Birth (required)	Race *	Sex*	Reference# (if applicable)
Street/P.O. Box		City		State	Zip Code

*Optional statistical information only

ARE YOU A VETERAN? _____ YES _____ YEARS SERVED _____ NO

If you checked YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.org.)

PLEASE READ CAREFULLY BEFORE SIGNING

Personal Affirmation: *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

- Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion? _____ YES _____ NO
- Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion? _____ YES _____ NO
- Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing license to expire does not apply)? _____ YES _____ NO
- Is there any action pending against your certificate/license or application in another state? _____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and certified copies of the judgement, conviction, and sentencing

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ Date _____

TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

TYPE OF TENNESSEE LICENSE

- _____ INITIAL TEACHING LICENSE-TN Institutions Only (Apprentice Teacher, Apprentice Special Group, and Beginning Administrator)
- _____ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA OR applying based upon reciprocity)
- _____ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- _____ ALTERNATIVE TYPE "A" LICENSE (Requires signature from Superintendent/Director of Schools)
- _____ ALTERNATIVE TYPE "C" LICENSE (Requires signature from Superintendent/Director of Schools and Dean of Education at teacher preparation institution)
- _____ ALTERNATIVE TYPE "E" LICENSE (Requires signature from Superintendent/Director of Schools)
- _____ INTERIM TYPE "B" LICENSE (Requires signature from Superintendent/Director of Schools, and verification from Dean of Education at teacher preparation institution)
- _____ INTERIM TYPE "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- _____ OCCUPATIONAL EDUCATION LICENSE
- _____ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- _____ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Superintendent/Director of Schools, nonrenewable)
- _____ JROTC LICENSE
- _____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/ LANGUAGE TEACHER

ADVANCEMENT TO FULL LICENSE OR PROFESSIONAL LICENSE

- _____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL LICENSE (Professional, Occupational, or School Service Personnel)
- _____ ADVANCEMENT FROM ALTERNATIVE TYPE "A" TO FULL LICENSE (Apprentice or Out of State)
- _____ ADVANCEMENT FROM INTERIM TYPE "B" TO FULL LICENSE (Apprentice or Out of State)
- _____ ADVANCEMENT FROM ALTERNATIVE TYPE "C" TO FULL LICENSE (Apprentice)
- _____ ADVANCEMENT FROM ALTERNATIVE TYPE "E" TO FULL LICENSE (Apprentice or Out of State)
- _____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL EDUCATION LICENSE TO PROFESSIONAL OCCUPATIONAL EDUCATION LICENSE
- _____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- _____ ADVANCEMENT FROM BEGINNING ADMINISTRATOR LICENSE TO PROFESSIONAL ADMINISTRATOR LICENSE

RENEWAL OR AMENDMENT TO EXISTING LICENSE

- _____ FOR RENEWAL OF LICENSE (Check one)
 - _____ 5 Year License(s) _____ 10 Year License(s) _____ 5 Year Occupational License _____ 10 Year Occupational License
 - _____ Alternative Type "A" _____ Alternative Type "C" _____ Alternative Type "E" _____ Interim Type "B" _____ Interim Type "D"
- _____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 - _____ Master's Degree _____ Education Specialist
 - _____ Master's Degree +30 semester hours _____ Doctorate Degree
- _____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- _____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)
- _____ ADDRESS CHANGE NOTIFICATION
- _____ DUPLICATE LICENSE (Current valid Tennessee license only)

**APPLICATION FOR LICENSURE ADVANCEMENT
FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS
SCHOOL YEAR 2006-2007**

APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE FIELD SERVICE CENTER

TO BE COMPLETED BY SCHOOL SYSTEM/FIELD SERVICE CENTER

School Name _____ Phone Number _____

School System _____ Phone Number _____

School System Address _____
Street City State Zip Code

Identify subject area with endorsement codes(s) for which observation was conducted.

_____ Elementary Grade/Subject _____ Secondary Course Title/Subject

Check License Type _____ 22 _____ 27 (Voc) _____ 36 _____ 67 Expiration Date _____
mm/dd/yyyy

Verification of Experience _____ Years _____ Months _____ Days (3 years of verified experience required)

Evaluated by _____ **Principal/Supervisor**
Signature of Evaluator (Please circle one)

Recommendation Level

The above educator has been evaluated and meets the required competency level for all designated domains and is recommended for advancement to the Professional License: _____ YES _____ NO

Principal's Signature _____ Date _____

Superintendent/Director's Signature _____ Date _____

Field Service Center Staff/Director's Signature _____ Date _____

MAIL TO FIELD SERVICE CENTER BY MARCH 15, 2007
(Vocational Advancement Packet must be accompanied with this recommendation form)

TL Use Only

Evaluator	<input type="checkbox"/>	Name/SSN	<input type="checkbox"/>	License/Endorsement	<input type="checkbox"/>	Experience	<input type="checkbox"/>
Recommended	<input type="checkbox"/>	Directors Signature	<input type="checkbox"/>	Returned to FSC	<input type="checkbox"/>	Issued	<input type="checkbox"/>